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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/668,396 09/23/2003* and is a CIP of 10/668,398 09/23/2003*
and is a CIP of 10/668,844 09/23/2003 ABN *
and is a CIP of 10/668,846 09/23/2003 *

(*Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS ****Alf S.****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/01/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Leandro Souto-ys LS</i> Examiner's Signature Initials				

ADDRESS

23494

TITLE

Hybrid speech coding and system

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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